



300 S. Plumosa Street
 Merritt Island, FL 32952
 Phone: 321-455-9400
 Outside Brevard: 800-662-5257
 Web Address: www.kscfcu.org



SUBSEQUENT ACTIONS

Account Change Form

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)

Member/Owner Information Add Change Remove Joint Owner(s) Information Add Change Remove
 Other _____ Add Change Remove Account Type/Services Add Change Remove

MEMBER/OWNER INFORMATION CHANGES

Member No.	Check Digit:	Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Survivorship	
Member/Owner Name:	SSN/TIN:	Date of Birth:	
Physical Address:	ID Type:		
City/State/Zip:	ID Number:		
Mailing Address:	ID Issuing State:	ID Expire Date:	
City/State/Zip:	Other ID:		
Home Phone:	Mother's Maiden Name:		
Work Phone:	Cell Phone:	Membership Eligibility:	
E-Mail Address:			
Employer:	Position/Title:	How Long:	
Reference Name:	Relationship:		
Address:	Home Phone:		

ELECTION OF SHARE OR DEPOSIT ACCOUNT TYPES AND SERVICES

All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed below.

Account Type/Suffix #*	Account Services	<input type="checkbox"/> Overdraft Transfer \$50.00 Increments _____ Member's (Initials)
<input type="checkbox"/> Savings <input type="checkbox"/> Checking (elect one below) <input type="checkbox"/> Classic Checking <input type="checkbox"/> Elite Checking <input type="checkbox"/> Select Checking (certificate required) <input type="checkbox"/> Other _____	<input type="checkbox"/> Payroll Deduction/Direct Deposit <input type="checkbox"/> Shuttletalk <input type="checkbox"/> ATM Card <input type="checkbox"/> Personal Credit Union (PCU) <input type="checkbox"/> E-Statement <input type="checkbox"/> VISA Check Card <input type="checkbox"/> Accidental Death <input type="checkbox"/> Other _____	

ACCOUNT OWNERSHIP - Please complete this section if you request joint owners on your accounts

Joint Owner Name:	SSN/TIN:	Date of Birth:	
Street:	ID Type:		
City/State/Zip:	ID Number:		
Home Phone:	ID Issuing State:	ID Expire Date:	
Work Phone:	Cell Phone:	Other ID:	
E-mail Address:	Mother's Maiden Name:		
Employer:	Position/Title:	How Long:	
Reference Name:	Relationship:		
Address:	Home Phone:		
Joint Owner Name:	SSN/TIN:	Date of Birth:	
Street:	ID Type:		
City/State/Zip:	ID Number:		
Home Phone:	ID Issuing State:	ID Expire Date:	
Work Phone:	Cell Phone:	Other ID:	
E-mail Address:	Mother's Maiden Name:		
Employer:	Position/Title:	How Long:	
Reference Name:	Relationship:		
Address:	Home Phone:		

ACCOUNT DESIGNATIONS - Please complete the separate "Pay on Death Account Card"

Other: _____ See Account Authorization Card

AUTHORIZATION

I/We agree that the changes on this Form amend the previously signed Member Services Request and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the Agreements and Disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

X _____

MEMBER/OWNER SIGNATURE

DATE

X _____

JOINT OWNER SIGNATURE

DATE

X _____

JOINT OWNER SIGNATURE

DATE

NOTARY

Signature must be notarized if not signed in presence of Credit Union personnel.

Sworn to and subscribed before me this _____ day of _____

by _____.

X _____ Notary Signature

X _____ Notary Name Printed

FOR CREDIT UNION USE ONLY

Updated By: _____ Branch: _____

Beacon Score: _____ Approved By: _____

Do you have a vehicle financed? Yes No If yes, where? _____